

## **Replacement License Request Form**

The fee is \$25.00 per duplicate or replacement license

### **Request For a Duplicate or Replacement License**

#### **Individual Requests:**

Individual's name: \_\_\_\_\_  
Individual's social security#: \_\_\_\_\_  
Individual's license type requested: \_\_\_\_\_  
Individual's mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Corporate (Business Entity)**

##### **Requests:**

Business Entity's name: \_\_\_\_\_  
Business Entity's FEIN#: \_\_\_\_\_  
Business Entity's license type requested: \_\_\_\_\_  
Business Entity's mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit this form and total fee due to:

**Division of Insurance  
One South Station  
Boston, MA 02110  
Attn: Producer Licensing Department**